

**PARTICIPANT INFORMATION**

**Name** \_\_\_\_\_ **Pre-Tax Deferral Amount (\$ or %)** \_\_\_\_\_  
(Last) (First) (Middle) (per pay period - min. \$10 total contribution)

**Roth Deferral Amount (\$ or %)** \_\_\_\_\_  
(per pay period - min. \$10 total contribution)

**Address** \_\_\_\_\_  
(Number & Street) (City) (State) (Zip Code)

**Social Security Number** - - **Date of Birth** / / **Dept** **Employee #** \_\_\_\_\_

**Gender** ☐ Male ☐ Female **Date of Hire** / /

**EMPLOYEE AGREEMENT TO PARTICIPATE IN THE COUNTY OF SAN BERNARDINO**  
**457(b) DEFERRED COMPENSATION PLAN**

The County of San Bernardino (the 'employer') has established a Section 457(b) Deferred Compensation Plan (the 'Plan') for the benefit of its employees. The Plan provides that eligible employees may elect to join and become participants in the Plan (subject to the limitations established in the Plan) upon executing and filing a participation agreement with the employer.

The employer and employee agree to the following:

1. Employee has received a packet of information outlining the terms of the Plan.
2. Employer will provide employee with a current copy of the Plan document upon request.
3. Employee elects to participate in the Plan and agrees to defer compensation to the Plan in accordance with the Plan and Internal Revenue Code. The maximum amount that may be deferred under the Plan for the current year is generally the lesser of 100% of compensation or the applicable IRS annual dollar limit. Minimum deferral is \$10 total per bi-weekly pay period.
4. Employee agrees that all rights to the deferred compensation shall be governed by the terms and conditions of the Plan.
5. Employee understands he or she is electing to utilize the San Bernardino County EZ Enrollment / Participation process and will have his or her contributions invested in the default fund identified below, which has been designated by the Employer. The Employee can change his or her investment allocation at any time by following the instructions provided below.

<u>Your Date of Birth</u>	<u>Fund #</u>	<u>Fund Name</u>
Prior to 6-29-1953	0795	Vanguard® Target Retirement Income Fund – Investor Shares
Between 6-30-1953 and 6-29-1963	1296	Vanguard® Target Retirement 2020 Fund – Investor Shares
Between 6-30-1963 and 6-29-1973	1297	Vanguard® Target Retirement 2030 Fund – Investor Shares
Between 6-30-1973 and 6-29-1983	1298	Vanguard® Target Retirement 2040 Fund – Investor Shares
On or after 6-30-1983	1299	Vanguard® Target Retirement 2050 Fund – Investor Shares

This agreement will be effective the first full payroll period of the month following the date this form is received and processed by the Employee Benefits and Services Division.

- ☐ I am a member of the San Bernardino Public Employees Association with at least 1 year of continuous service with the County and am eligible for a County matching contribution. Please establish a 401(a) account for receipt of my County matching contributions. I understand assets will be invested according to the San Bernardino County EZ Enrollment process as described above.

**TO TRANSFER/CHANGE INVESTMENTS**  
**CALL 1-800-584-6001 OR VISIT [www.ingretirementplans.com/custom/sanbern](http://www.ingretirementplans.com/custom/sanbern)**

**BENEFICIARY DESIGNATION**

I designate the following beneficiary or beneficiaries in accordance with the 457(b) Deferred Compensation Plan. Percentages must total 100%.

<b>Complete Legal Name</b>	<b>Relationship</b>	<b>Primary</b>	<b>Contingent</b>	<b>%</b>
		<input checked="" type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

**SIGNATURE OF EMPLOYEE** \_\_\_\_\_ **DATE** \_\_\_\_\_ **WORK PHONE** \_\_\_\_\_ **HOME PHONE** \_\_\_\_\_

**RETURN COMPLETED FORM TO:** \_\_\_\_\_  
Your local ING Representative or interoffice to EBSD-0440

**EMPLOYEE BENEFITS AUTHORIZATION** \_\_\_\_\_ **DATE** \_\_\_\_\_